

EXHIBIT L

CW

Cause No. 2009-086501

IN RE THE CHILD(REN):

ISHA ALLEN  
KATHLYN ALLEN

MINOR CHILDREN

IN THE DISTRICT COURT

OF HARRIS COUNTY, TEXAS

## ORDER FOR DRUG / ALCOHOL / D.N.A. SCREENING

DEC 17 2009

The following person(s) are ORDERED to:

☐ Report in person IMMEDIATELY to: National Screening Center  
407 Faglin Street, 1<sup>st</sup> Floor Houston, Texas 77002 713-226-7847;

☒ Remain in the Courtroom;

☐ Allow National Screening Center to collect sample at \_\_\_\_\_

Title: \_\_\_\_\_  
Harris County, Texas  
By \_\_\_\_\_  
Deputy

Each individual is ORDERED to remain in their respective location until samples have been drawn. Each individual named herein is ORDERED to provide such personal sample(s) as may be necessary for National Screening Center to perform the ORDERED Drug / Alcohol / D.N.A. screening as follows:

NAME:	DOB	TDL/ID/SS#	TEST
1. RENESHA ALLEN	12-12-1984	_____	<input checked="" type="checkbox"/> UDS
Relationship: Mother			<input checked="" type="checkbox"/> HAIR
			<input type="checkbox"/> D.N.A.
			<input type="checkbox"/> ETG
			<input type="checkbox"/> Z.T.
2. MARK ALLEN ANDREWS	02-25-1986	_____	<input type="checkbox"/> UDS
Relationship: Alleged father			<input type="checkbox"/> HAIR
			<input type="checkbox"/> D.N.A.
			<input type="checkbox"/> ETG
			<input type="checkbox"/> Z.T.
3. TERESA ALLEN			<input checked="" type="checkbox"/> UDS
MGM to children			<input checked="" type="checkbox"/> HAIR
			<input type="checkbox"/> D.N.A.
			<input type="checkbox"/> ETG
			<input type="checkbox"/> Z.T.

(UDS = Urine Drug Screen; ETG = Alcohol Test; HAIR = Hair Follicle Drug; D.N.A. = Paternity Testing; Z.T. = Zero Tolerance)

It is further ORDERED that: ☐ Each party named above is responsible and shall pay for each test administered

☒ The costs of the test shall be paid as follows: HCAO - GDM

The COURT reserves the right to re-allocate the costs of the test(s) between the parties. It is ORDERED that as soon as the results of the test(s) are available, National Screening SHALL fax OR deliver the results, with CASE NUMBER, to the 314<sup>th</sup> District Court at AX # 713.222-4845 for filing with the court under seal. National Screening shall also provide the PRINTED NAME of the person transmitting the FAX results, the method by which the person tested was identified and the date and time the results were received.

SIGNED ON: \_\_\_\_\_

JUDGE